

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 12/12/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 12/14/2004					
		FINANCIAL PAYER: NCDMH					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOXY MOUNTAIN	8599	291	DETAIL NOT COVERED BY COMBINAT			
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8931	185	AMTNC INELIGIBLE TO RECEIVE SE	196	733	862
				RVICES IN IPRS.			129
		21	162	DUPLICATE OF CLAIM-SYSTEM			
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***			
	UNITY						
		0	0		0	0	0
3404904	WESTERN HIGHLAN	8599	1833	DETAIL NOT COVERED BY COMBINAT			
	DS LME			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		21	463	DUPLICATE OF CLAIM-SYSTEM	15	2590	10167
							7577
		8517	95	CLAIMS DENIED, SUBMITTED BEYON			
				D FILING TIMELIMIT. JULY			
				THROUGH APRIL DOS MUST BE SUBM			
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***			
	AL HLTH CTR						
		0	0		0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404910	PATHWAYS	24	130	PROCEDURE CODE, PROCEDURE/MODI			
				FIER COMBINATION OR PROCEDURE			
				CODE/TYPE OF SERVICE COMBINATI			
		8599	126	DETAIL NOT COVERED BY COMBINAT	14	379	7974
				ION OF RECIPIENT, PROVIDER AND			7595
				BENEFIT PACKAGE.			
		21	26	DUPLICATE OF CLAIM-SYSTEM			
3404912	CATAWBA COUNTYM	8931	90	AMTNC INELIGIBLE TO RECEIVE SE			
	ENTAL HEALT			RVICES IN IPRS.			
		8599	29	DETAIL NOT COVERED BY COMBINAT	104	159	1225
				ION OF RECIPIENT, PROVIDER AND			1066
				BENEFIT PACKAGE.			
		27	12	DIAGNOSIS CODE MISSING OR INVA			
				LID. VERIFY AND ENTER THE			
				CORRECT DIAGNOSIS CODE AND SUB			
3404913	MECKLENBURG COM	8517	10	CLAIMS DENIED, SUBMITTED BEYON			
	ENTAL HEALT			D FILING TIMELIMIT. JULY			
				THROUGH APRIL DOS MUST BE SUBM			
		8518	4	CLAIM DENIED, SUBMITTED BEYOND	0	19	22
				FILING TIMELIMIT. MAY AND			3
				JUNE DOS MUST BE SUBMITTED BY			
		21	3	DUPLICATE OF CLAIM-SYSTEM			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOBAL HEAL	8517	162	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	50	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	289	3042	2753
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM AN SERVICES	21	149	DUPLICATE OF CLAIM-SYSTEM				
		8599	145	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	184	693	6235	5542
		8931	117	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	21	29	DUPLICATE OF CLAIM-SYSTEM				
		8935	14	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	18	62	458	396
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	172	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	96	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	41	439	4575	4136
		8517	54	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404920	ALAMANCE CASHEL L AREA MH D	8505	5317	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	163	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	5568	6154	586
		8000	31	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	5312	1188	PRIOR AUTHORIZED DOLLARS EXCEEDED				
		8599	212	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	30	1708	7872	6081
		27	127	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	WCFW AREA AUTHORITY	8599	623	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	198	DUPLICATE OF CLAIM-SYSTEM	0	888	2746	1858
		5404	65	SEVERE DUPLICATE: SAME ATTD PROGRAM/PCODE/TGS/DOS/MOD				

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3404925	SANDHILLS CENTE R FOR MH/DD	120	429	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		21	286	DUPLICATE OF CLAIM-SYSTEM	45	1489	3510	2021
		8517	271	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE G MENTAL HL	120	177	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	107	612	6393	5781
		8931	65	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	328	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	499	816	317
		8622	33	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	21	579	DUPLICATE OF CLAIM-SYSTEM				
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	686	3440	2754
		5404	25	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	109	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	183	860	4198	3338
		8931	102	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	242	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	39	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	31	378	2559	2181
		191	24	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404934	ONslow COUNTY B EHAVIORAL H	8621	69	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	191	1247	1156
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	12	DUPLICATE OF CLAIM-SYSTEM	7	86	918	832
		8952	9	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404937	EDGEcombe NASH MNTL HLTH C	8505	54	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	19	DUPLICATE OF CLAIM-SYSTEM	3	116	2000	1884
		8517	16	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404938	VGFw DBA RIVERS TONE COUNSE	24	5	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	2	12	1861	1849
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	153	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	26	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CTD AND SUBMIT AS A NEW CLAIM	6	239	5146	4907
		8622	15	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	89	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	270	1008	738
		8621	32	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404942	ROANOKE CROWANNE UMAN SERVIC	8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	14	DUPLICATE OF CLAIM-SYSTEM	14	92	1196	1104
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404943	ALBEMARLE MENTAL HEALTH CE	8599	22	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	9	56	1275	1219
		191	5	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMAN SERVICES	8505	42	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	26	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	95	1418	1323
		8931	10	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	4102	17	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FOUND				
		8404	5	SEVERE DUPLICATE: SAME ATTENDING PROVIDER/PCODE/TOS/DOS/MOD	0	24	561	537
		8526	1	CLAIM DENIED, UNITS BILLED MUST BE GREATER THAN ZERO				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL/CD/SA PRO	8505	726	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	25	DUPLICATE OF CLAIM-SYSTEM	5	773	1388	614
		8599	11	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				